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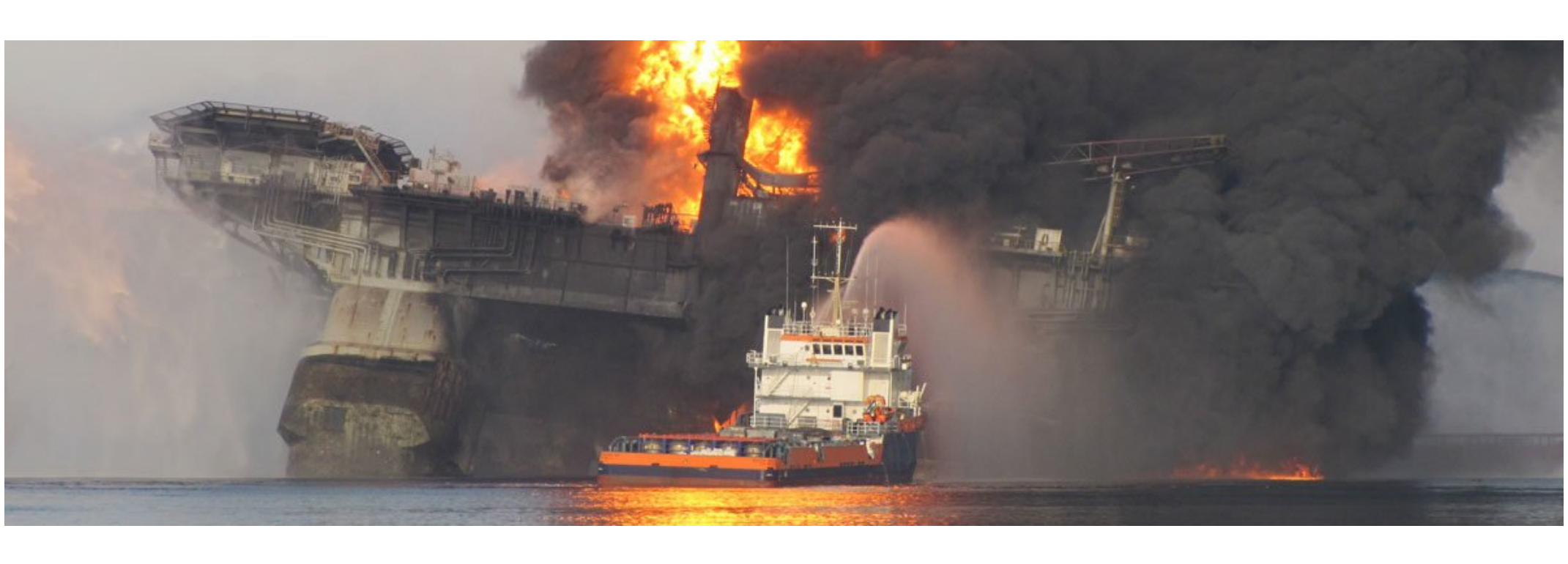

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# New VAERS analysis reveals hundreds of serious adverse events that the CDC and FDA never told us about

Administrator
November 10, 2021
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VAERS understated by 99%

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Guest Post by Steve Kirsch

**They missed hundreds of serious adverse events that are more elevated than myocarditis. A new VAERS analysis done by Albert Benavides blows the doors off the "safe and effective" narrative.**

The CDC and FDA have said the vaccines are "safe and effective." They haven't found any serious issues with the COVID vaccines. Zero. Zip. Nada. It was the DoD that found myocarditis.

The evidence in plain sight shows that they are either lying or incompetent. Or both. But of course, the medical community is never going to call them on this.

So that's where our team of vaccine safety experts comes in; to reveal the truth about what is really going on.

In a brand new VAERS data analysis performed by our friend Albert Benavides (aka WelcomeTheEagle88), **we found hundreds of serious adverse events that were completely missed by the CDC** that should have been mentioned in the informed consent document that are given to patients. And we found over 200 symptoms **that occur at a higher relative rate than myocarditis (relative to all previous vaccines over the last 5 years).** All together, there were **over 4,000 VAERS adverse event codes** that were elevated by these vaccines **by a factor of 10 or more over baseline** that the CDC should have warned people about.

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As of November 1, 2021, there have **been more adverse events reported for the COVID vaccines than for all 70+ vaccines combined since they started tracking adverse events 30 years ago**. That's a stunning statistic, nobody can deny it, but nobody in the mainstream medical community (or mainstream media) seems to care much. It's not even worth noting in passing. Wow.

Here's what the evidence shows:

1. The COVID vaccines are the most dangerous vaccines in human history. They are 800 times more deadly than the smallpox vaccine which was the previous record holder. The vaccines have killed over 150,000 Americans and permanently disabled even more. They don't make sense for anyone of any age. The younger you are, the worse it gets. For kids, it is estimated that we kill 117 kids for every COVID death we prevent.
2. The Pfizer 6 month trial showed the drug can save 1 life for every 22,000 people vaccinated. It also appeared from the trial that the drug killed more people than it saved (there were 20 deaths in the treatment group vs. 14 in placebo after unblinding). So we are "saving" fewer than 10,000 lives at the expense of over 150,000 deaths. In short, we kill 15 people to save 1. That's incredibly stupid. But **nobody in the Biden administration wants to meet with our team**. They basically don't want to hear the truth. Instead, they focus on deplatforming and censoring us which are techniques that are effective when the data doesn't work out for you.
3. Both the FDA and CDC have proven inept in spotting safety signals. They can't even compute the VAERS URF which is a number that is required for any serious risk-benefit analysis. So the FDA and CDC outside committee members **are all flying blind in approving the vaccines**. Even after this deficiency is pointed out in the public comments by yours truly (and direct emails to the committee members), it makes no difference. We are ignored. The CDC safety monitoring is so bad that they even admitted at the last ACIP meeting that it was the DoD that spotted the myocarditis signal. So the FDA and CDC have basically been batting .000 in terms of spotting safety signals that have been sitting in plain sight the entire time.
4. They can't admit that they missed the signals now because that would be an admission they missed them before. So they will try to discredit this article with ad hominem attacks (this is a technique used to win an argument when you cannot win on the evidence).
5. The serious events we highlight below are all consistent with the mechanism of action that Robert Malone and I first described in the Darkhorse podcast. Namely, that the spike protein that is produced in response to the delivery of the mRNA is cytotoxic and results in blood clots, inflammation and scarring throughout your body which then **creates a wider range of severe adverse events than any vaccine in human history**.
6. The medical community is trained by the CDC to believe the vaccines are safe, so they interpret all the adverse events as not vaccine related. But if it wasn't the vaccine that caused all these events, what was it? What's worse is they tell their patients, "this is all in your head" or that "your baby died because you had a genetic defect."
7. In general, patients believe their doctors and never figure out where to get a cytokine panel to discover that they are vaccine injured (go to www.covidlonghaulers.com to get the cytokine panel and IncellDx to get the spike protein assay). So people never learn how to rid their body of the spike protein either (see my article on vaccine treatment for the drugs they use to do this) which is the first step in the road to recovery.
8. The high adverse event rates aren't "excess reporting." It is due to excess events. For example, one neurologist had 0 cases of vaccine adverse events in her entire career, but this year, she has 2,000. Another physician I know has had 0 events in 29 years in his 700 patients. This year he needs to report 25 events. Physicians themselves have experienced stunningly higher incidence rates of reproductive, neurological, and cardiac events since the vaccines rolled in 2021. We couldn't find a single cardiologist who actually had fewer cases of myocarditis after the vaccines rolled out as the members of the FDA and CDC claim.
9. The serious events are primarily centered around menstruation, blood clots, inflammation and scarring, cardiovascular damage, and neurological damage, just as we predicted in the podcast in June of 2021.
10. There are hundreds of serious adverse events that are caused by these vaccines. This of course is shocking to people since the CDC has repeatedly said you can't ascribe causality to data in VAERS. Not true. The VAERS data analysis (temporal data, the dose dependency, and the elevated reporting rates compared to baseline) provide ample signal to enable us to show causality on all of these events using the five Bradford-Hill criteria applicable to vaccines.
11. Nicki Minaj was right to complain about elevated rates of testicular swelling, impotence (erectile dysfunction), and orchitis. Every world authority who opined on the matter belittled her and said she was wrong, but all the symptoms she talked about are strongly elevated as you'll see from the data below. None of these so-called experts of course ever looks at the data; it's all based on arguing from their belief system rather than the scientific evidence. And even if those authorities disagreed with the VAERS data, it was irresponsible not to have pointed out the raw data to people and then explain why they totally ignored the elevated signal in the VAERS data. Today, we do science based on our belief system rather than the old-fashioned way of looking at what the data actually says. Our team is old-fashioned.
12. There is a pretty good chance that the vaccines don't really work at all and never did. We know the Pfizer Phase 3 trials were gamed in many ways. There is no doubt that the vaccines elevate antibodies, but it seems that it is quite possible that the immunity they confer is actually the result of killing off (or excluding as in the case of the trials) people with weaker immune systems. The people who are left are thus more resistant to the virus. Mathew Crawford will be coming out shortly with an analysis that makes a compelling case for this novel hypothesis. Subscribe to his substack here.
13. It is unlikely that anyone in the world will want to debate us publicly on any of the claims above (or on any of my articles or on any of Mathew's articles), but if you are a prominent supporter of the false narrative and want a public debate, we are here for you. Our team would be thrilled to accept the challenge as we have no desire to spread misinformation. If we got it wrong, we are happy to correct our mistakes if you can explain to us clearly the mistake we made and the correction you suggest (e.g., the "right" answer). Yet even with multiple million dollar incentives (listed in this article), nobody seems to be interested in showing how we got it wrong. Everyone talks about how bad the vaccine misinformation problem is, but nobody is willing to do anything to show that we got it wrong. For example, I've asked any prominent scientist in America who disagrees with my analysis (showing eight different ways to validate that over 150,000 Americans have been killed by the vaccines) to let me see their "correct" analysis showing the "correct" number, but nobody will. They won't even come on a recorded call to show us how we got it wrong. It's baffling. They all want to do it in slow motion via documents because that way it's easier to obfuscate the truth and they can avoid answering questions. The latter is key.
14. **It's really easy to tell who is telling you the truth here.** John Su is the CDC expert on VAERS. If he's wrong, the entire narrative falls apart. I personally attacked Dr. Su in a widely read article accusing him of being corrupt. I offered to publish his response in the article. He said nothing. I offered to debate him. No dice. TrialSiteNews tried to interview him. He refused to reply. Seriously? If the CDC gave us 2 hours to ask John Su questions, we would destroy his credibility and the credibility of the CDC. That's why he's not talking and that's why the CDC will never let him talk to anyone on our team. Because we don't ask softball questions like what John gets at the ACIP meetings. We play hardball.

What we found in the VAERS analysis below can be verified by anyone because it is all publicly accessible. Albert spent only a few hours to produce the tables. So the CDC should have been able to do the same work Albert did.

You can easily verify any entry yourself via manual queries to any VAERS interface (my favorite is MedAlerts, but others such as openvaers and the HHS site give the same results).

Before we get to Albert's analysis of the VAERS data, let's do a little background.

## The Darkhorse Podcast

On June 10, 2021, my friend Robert Malone and I appeared on Bret Weinstein's Darkhorse Podcast to tell the world what we had learned about the COVID vaccines. You can watch the 3 hour version here or the condensed 1 hour version here if you haven't already seen it. I highly recommend the whole thing; I know a lot of people who watched it multiple times and raved about it.

Basically, we said the COVID vaccines were super dangerous, they had killed a lot of people at the time, the Pfizer bio-distribution data that Dr. Byram Bridle obtained from the Japanese government using a FOIA request showed the lipid nanoparticles delivered a very substantial dose of mRNA to female ovaries, and that the spike protein that is subsequently produced causes blood clots, inflammation, and scarring leading to a large number of cardiovascular and neurological symptoms, a number of which would be irreversible. Robert in particular noted that we had no clue about the amount, dose, and duration of the spike protein that is produced (we still don't) because this testing was never done in animals (they looked only at the distribution of the nanoparticles which is not the same thing). Bret referenced a very long article I had written on May 25, 2021 for TrialSiteNews entitled "Should you get vaccinated?"

For reference, here is the bio-distribution graph that Bret showed in that podcast:

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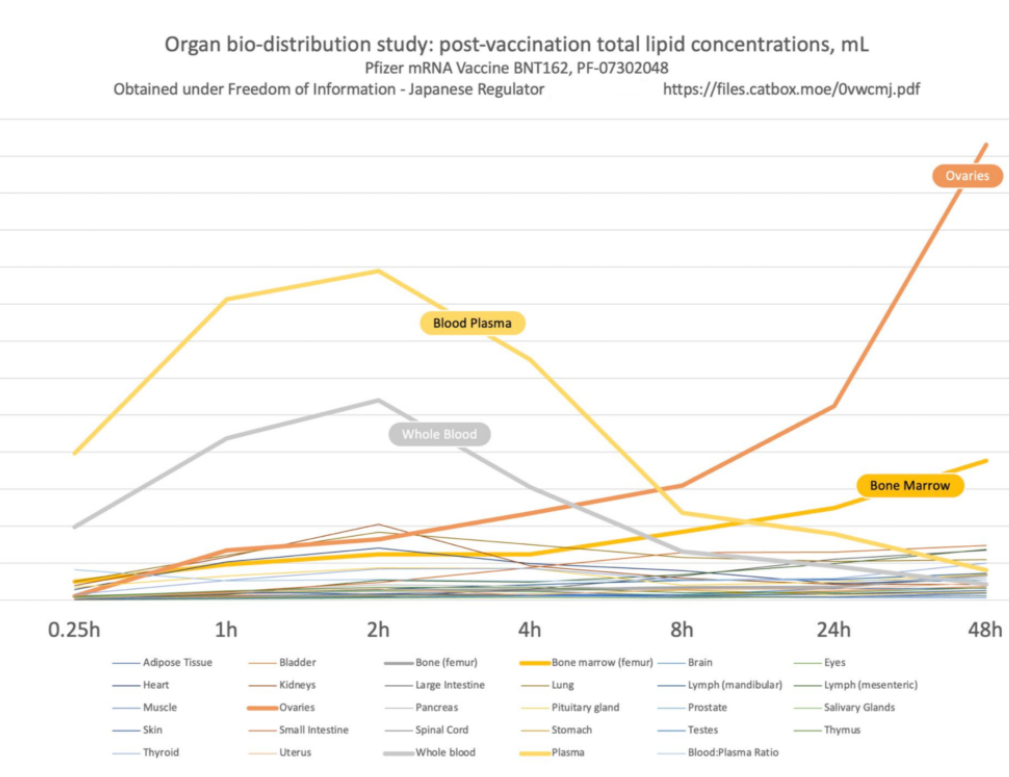
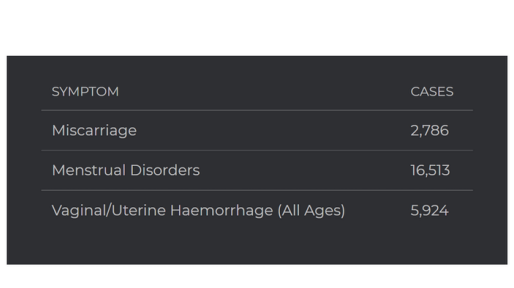


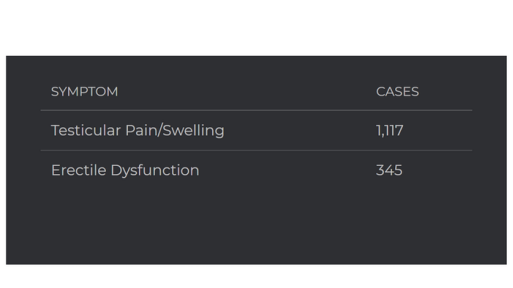
See anything wrong? Note that we deliberately omitted areas of the body where the vaccine was expected to accumulate **in order to highlight areas of the body where it wasn't supposed to go**. Naturally, those supporting the mainstream narrative that the vaccines are safe and effective went into overdrive to suppress the episode and discredit what we said. They said we were dishonest not to include everything in the chart. YouTube censored the video after nearly 1M views. Wikipedia accused both of us of spreading misinformation and then blocked me when I tried to point out that the scientific evidence supported what I said. Wikipedia relies on fact checks for science.

We were right about everything we said in the podcast, and now, thanks to the work Albert did, it's now easier to see we were telling the truth: the top elevated events were neurological, cardiovascular, and related to the female reproductive system, just like we said. I was stunned at the sheer number of menstrual events that made it to the very top of the list. That was a surprise to me.

Openvaers has been highlighting the damaging effects on both male and female reproductive systems for months with a page dedicated to reproductive health, but the medical community, Congress, and mainstream press wasn't paying any attention at all. These event counts are not normal, but nobody really seems to care. President Biden not only doesn't care; **he wants to force all our kids to be vaccinated with the most dangerous vaccine in human history**.



| SYMPTOM | CASES |
|---|---|
| Miscarriage | 2,786 |
| Menstrual Disorders | 16,513 |
| Vaginal/Uterine Haemorrhage (All Ages) | 5,924 |



| SYMPTOM | CASES |
|---|---|
| Testicular Pain/Swelling | 1,117 |
| Erectile Dysfunction | 345 |

With the new analysis, the counts are much easier to interpret because instead of being just raw counts, they are no numbers relative to a baseline rate so we can instantly see what symptoms are "abnormal" meaning 10X or more higher than "expected." The answer: over 4,000 adverse events.

## The X factor analysis (November 7, 2021)

Before I give you the link to the spreadsheet of VAERS symptoms sorted by X factor, you need to know a few things to properly interpret the data.

First, let's address the myth that is promoted by the FDA that the VAERS database is "over reported." As we said above, there are more events this year than any previous year, so that's why the events are up. But there still could be a component of overreporting as well, i.e., that people this year are more likely to make a report on an event compared to last year since everyone is so "highly aware" of the vaccines. Nice theory. No data to back it up. Nobody making that argument has ever included any data to back up their assertion. We call that a hand-waving argument. Doctor surveys we've done show that, if anything, they are less likely to report an adverse event this year for a variety of reasons (hospital frowns on it, no time, still too frustrating, too many events to report). The other way we can tell is to look at the rates of events that are not comorbidities or causal. We find that events like Musculoskeletal pain, Screaming, Head banging, Local reaction, Diet refusal, Croup infectious, Hepatitis A, Eyelid oedema, and more occur at pretty much the same rate this year as in previous years.

Now let's tackle the columns:

**Symptom**
This is the VAERS symptom name. These are coded by HHS upon receipt of the report based on the contents of the report. Some of these symptoms are tests that are ordered. An elevation of a test is a good signal something is amiss. Other symptoms are not causal, but are comorbidities. For example, it might be that diabetes is there more often not because it makes diabetes worse, but because diabetic people are more likely to report symptoms. So for these symptoms, we have to be careful about the analysis. But for many of these symptoms such as cancer, herpes zoster (shingles), diabetes and more, these are all exacerbated by the vaccine as we know from talking directly to doctors. Finally, some symptoms like "rib fracture" or "suicide" are elevated because they are caused by the vaccine. For example, the vaccine can make you lose consciousness and fall and fracture your hip. The vaccine can give you tinnitus which is so bad that you want to kill yourself. So we have to be extremely careful to examine each one of these symptoms carefully because in most cases, we'll find that they are indeed caused by the vaccine. I've coded a bunch of symptoms red that I thought were serious/interesting. I'm not done yet, so the redness coding was only methodically done on the first 100 symptoms and sporadically after that. When I get more time, I'll go through them and update the file. Note that myocarditis is located on row 274, i.e., way way down.

Also, when looking at deaths, we never look at a "symptom" of death since death is coded in a separate field. So the event count for the "death" symptom (6,487) is lower than the over 8,000 domestic deaths.

Guillain-Barre syndrome is only elevated by a factor of 6 from baseline, likely because other vaccines also elevate GBS; this vaccine elevates it even more.

**C19 count**
This is the raw number of VAERS events in 2020 and 2021 due to the COVID vaccines for that symptom. The key here is that this count should be multiplied by 41 (known as the underreporting factor or URF to estimate the absolute number of events that occurred). See this article for how that is computed.

**Baseline count**
The baseline rate is the # of incidents occurring in a 5 year period from 2015-2019 for all vaccines given in that time period.

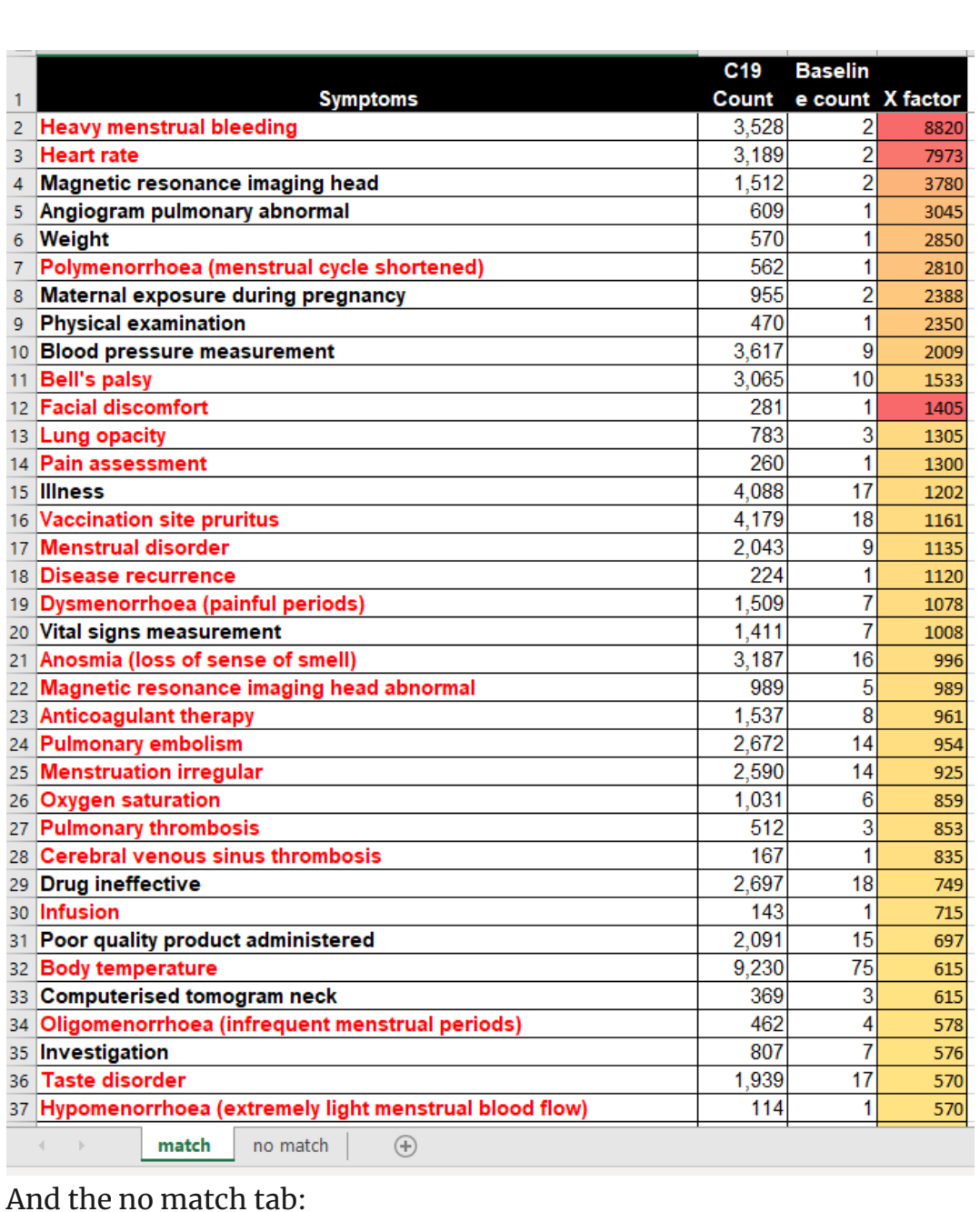
**X-factor**
The X-factor is the (C19 count*5/Baseline count). This is because the baseline is 5 years so we compare the COVID counts in a year vs. the average count in a typical year. So an X-factor of 10 or more would mean that the symptom is very likely to be caused by the vaccine since it is highly elevated from the "normal" rate.

Now let's tackle the tabs. There are two tabs:

**match tab**
On the match tab are symptoms where the baseline count !=0

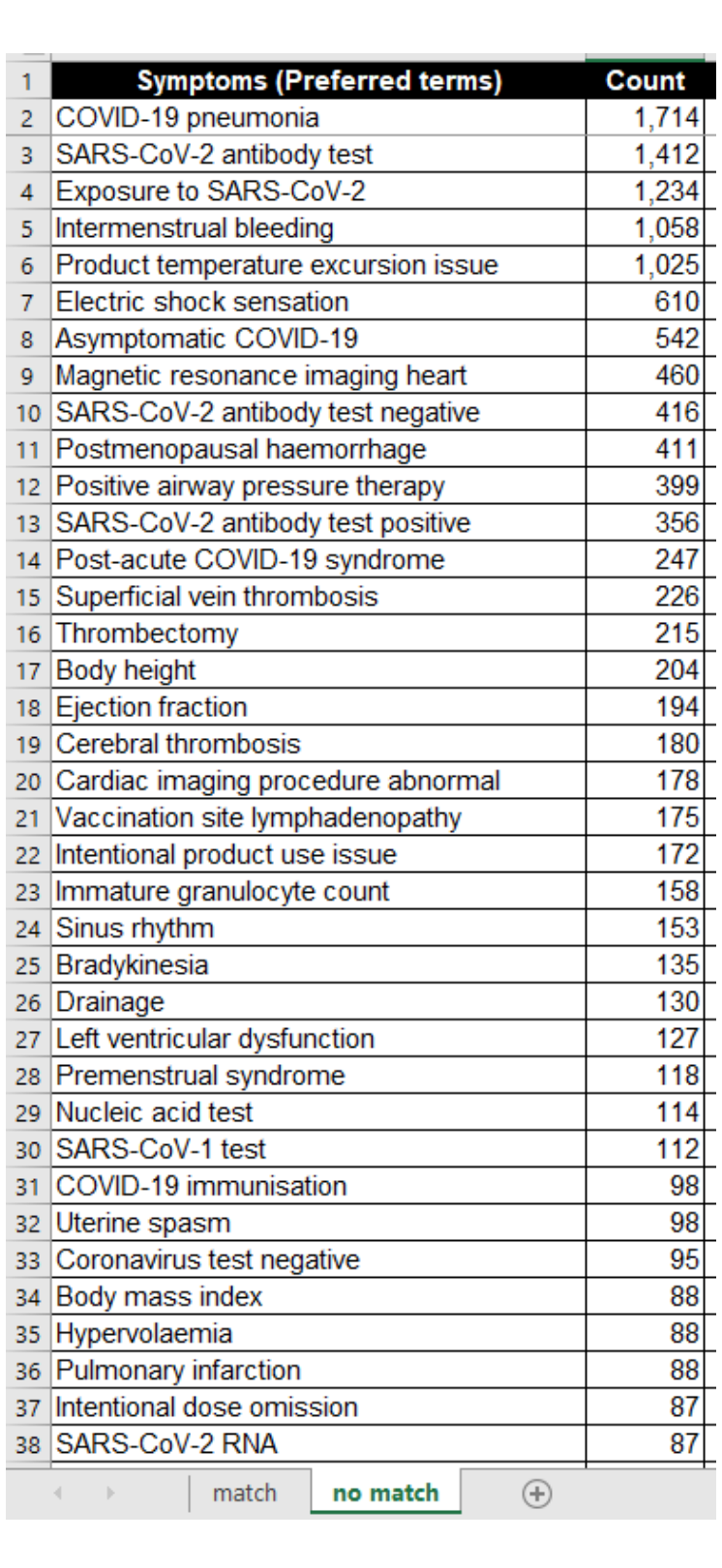
**no match tab**
On the "no match" tab are symptoms where the baseline count=0. So these are quite extraordinary since these symptoms are not typically seen even once in 5 years. So here, even a small value in the "count" field is very significant, e.g., 2 or more would be comparable to a 10X or more on the "match tab."

Now here are some screenshots of the first page of the two tabs:



| 1 | Symptoms | C19 Count | Baseline count | X factor |
|---|---|---|---|---|
| 2 | Heavy menstrual bleeding | 3,528 | 2 | 8820 |
| 3 | Heart rate | 3,189 | 2 | 7973 |
| 4 | Magnetic resonance imaging head | 1,512 | 2 | 3780 |
| 5 | Angiogram pulmonary abnormal | 609 | 1 | 3045 |
| 6 | Weight | 570 | 1 | 2850 |
| 7 | Polymenorrhoea (menstrual cycle shortened) | 562 | 1 | 2810 |
| 8 | Maternal exposure during pregnancy | 955 | 2 | 2388 |
| 9 | Physical examination | 470 | 1 | 2350 |
| 10 | Blood pressure measurement | 3,617 | 9 | 2009 |
| 11 | Bell's palsy | 3,065 | 10 | 1533 |
| 12 | Facial discomfort | 281 | 1 | 1405 |
| 13 | Lung opacity | 783 | 3 | 1305 |
| 14 | Pain assessment | 260 | 1 | 1300 |
| 15 | Illness | 4,088 | 17 | 1202 |
| 16 | Vaccination site pruritus | 4,179 | 18 | 1161 |
| 17 | Menstrual disorder | 2,043 | 9 | 1135 |
| 18 | Disease recurrence | 224 | 1 | 1120 |
| 19 | Dysmenorrhoea (painful periods) | 1,509 | 7 | 1078 |
| 20 | Vital signs measurement | 1,411 | 7 | 1008 |
| 21 | Anosmia (loss of sense of smell) | 3,187 | 16 | 996 |
| 22 | Magnetic resonance imaging head abnormal | 989 | 5 | 989 |
| 23 | Anticoagulant therapy | 1,537 | 8 | 961 |
| 24 | Pulmonary embolism | 2,672 | 14 | 954 |
| 25 | Menstruation irregular | 2,590 | 14 | 925 |
| 26 | Oxygen saturation | 1,031 | 6 | 859 |
| 27 | Pulmonary thrombosis | 512 | 3 | 853 |
| 28 | Cerebral venous sinus thrombosis | 167 | 1 | 835 |
| 29 | Drug ineffective | 2,697 | 18 | 749 |
| 30 | Infusion | 143 | 1 | 715 |
| 31 | Poor quality product administered | 2,091 | 15 | 697 |
| 32 | Body temperature | 9,230 | 75 | 615 |
| 33 | Computerised tomogram neck | 369 | 3 | 615 |
| 34 | Oligomenorrhoea (infrequent menstrual periods) | 462 | 4 | 578 |
| 35 | Investigation | 807 | 7 | 576 |
| 36 | Taste disorder | 1,939 | 17 | 570 |
| 37 | Hypomenorrhoea (extremely light menstrual blood flow) | 114 | 1 | 570 |

And the no match tab:



| 1 | Symptoms (Preferred terms) | Count |
|---|---|---|
| 2 | COVID-19 pneumonia | 1,714 |
| 3 | SARS-CoV-2 antibody test | 1,412 |
| 4 | Exposure to SARS-CoV-2 | 1,234 |
| 5 | Intermenstrual bleeding | 1,058 |
| 6 | Product temperature excursion issue | 1,025 |
| 7 | Electric shock sensation | 610 |
| 8 | Asymptomatic COVID-19 | 542 |
| 9 | Magnetic resonance imaging heart | 460 |
| 10 | SARS-CoV-2 antibody test negative | 416 |
| 11 | Postmenopausal haemorrhage | 411 |
| 12 | Positive airway pressure therapy | 399 |
| 13 | SARS-CoV-2 antibody test positive | 356 |
| 14 | Post-acute COVID-19 syndrome | 247 |
| 15 | Superficial vein thrombosis | 226 |
| 16 | Thrombectomy | 215 |
| 17 | Body height | 204 |
| 18 | Ejection fraction | 194 |
| 19 | Cerebral thrombosis | 180 |
| 20 | Cardiac imaging procedure abnormal | 178 |
| 21 | Vaccination site lymphadenopathy | 175 |
| 22 | Intentional product use issue | 172 |
| 23 | Immature granulocyte count | 158 |
| 24 | Sinus rhythm | 153 |
| 25 | Bradykinesia | 135 |
| 26 | Drainage | 130 |
| 27 | Left ventricular dysfunction | 127 |
| 28 | Premenstrual syndrome | 118 |
| 29 | Nucleic acid test | 114 |
| 30 | SARS-CoV-1 test | 112 |
| 31 | COVID-19 immunisation | 98 |
| 32 | Uterine spasm | 98 |
| 33 | Coronavirus test negative | 95 |
| 34 | Body mass index | 88 |
| 35 | Hypervolaemia | 88 |
| 36 | Pulmonary infarction | 88 |
| 37 | Intentional dose omission | 87 |
| 38 | SARS-CoV-2 RNA | 87 |

## What the data tells us

Here are a few quick observations from the complete data set (see next section for downloading):

1. Female reproductive issues top the list. These are strongly elevated by these vaccines. Many of the top symptoms are all related to the menstrual process.
2. There are an enormous number of cardiovascular and neurological events that are strongly elevated, many of them serious.
3. Fibrin D dimer increased is #53 on the list, elevated by a factor of over 400x above baseline. Charles Hoffe discovered D-dimer was elevated in over 60% of the patients he measured. This is very serious as D-dimer is a lagging indicator of blood clots.
4. Troponin increased was #130, elevated by a factor of 205. Troponin indicates heart damage and it is elevated to extreme levels (10X heart attack levels or more) and can stay elevated for months at a time (with a heart attack, the levels start returning back to normal immediately after the incident)
5. Death as a symptom (which is pretty unusual coding since it isn't a symptom), is #433 and elevated by 96X. Hardly a "safe" vaccine.
6. Brain herniation at #405 is elevated by a factor of 100X over baseline. However, this is not considered a big deal at the CDC (perhaps because many people there don't use their brain).
7. Cardiac arrest at #450 is elevated by 93X. This is when your heart stops. This is a relatively serious condition since you don't last for too long after that. It's a bit surprising that the CDC missed that one. Perhaps because they don't have a heart?
8. Pulmonary embolism #24 is **elevated by 954 times normal**. How the CDC can miss that one is simply astonishing! This was the cause of death of 2 of the 14 kids that the CDC looked at in their death analysis. Mainstream press will never ask them that question as to why the CDC would not find causality here. They wrote: "CDC reviewed 14 reports of death after vaccination. Among the decedents, four were aged 12–15 years and 10 were aged 16–17 years. All death reports were reviewed by CDC physicians; impressions regarding cause of death were pulmonary embolism (two), …" 954 times normal is hard to explain, isn't it? So no causality? That's hard to explain, so they didn't. They just moved on as if there is nothing to see.
9. Intracranial haemorrhage (their spelling) is at #604 and is elevated by 79X. Two of the 14 kids from the CDC analysis died from that. How could that not be causal? They never explained that.
10. Tinnitus at #362 is elevated by 105X. This can be so bad that people can kill themselves from this alone. One of the people who work at Vaccine Safety Research Foundation (VSRF) had to talk a friend out of suicide.
11. There are many many more issues to be concerned with, but I wanted to get the list out quickly so there can be more eyes on this.
12. For months, I've offered to discuss our data and analyses to both the FDA and CDC outside committees as well as the CDC and FDA themselves, but nobody wanted to see it. Most hit delete on my emails. A few told me to wait for the public comment period and submit it then

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(which I've done). Nobody followed up.

## The Excel file with the full results

I'm trying to increase the number of paying subscribers I have as this supports the substack community. All proceeds will go to paying the salaries of people working for the Vaccine Safety Research Foundation (vacsafety.org) as well as buying ads so we can get the message out.

You can find the full Excel file and Albert's analysis in this article.

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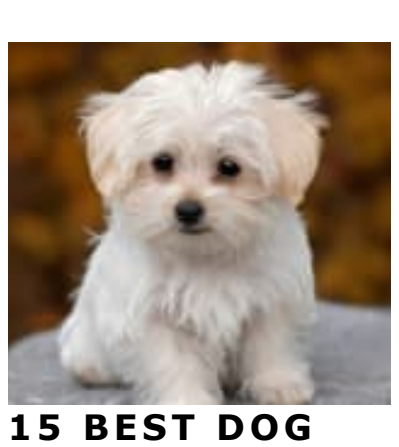
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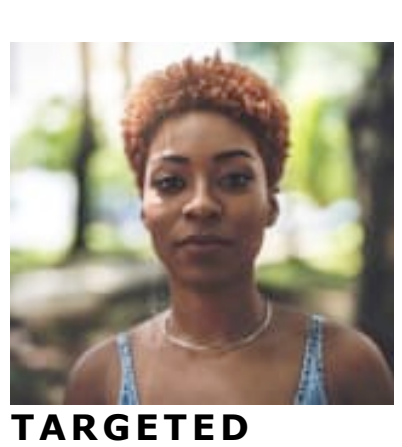
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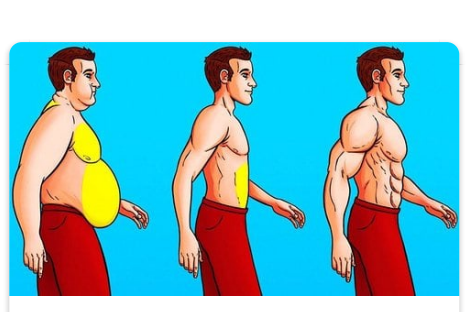
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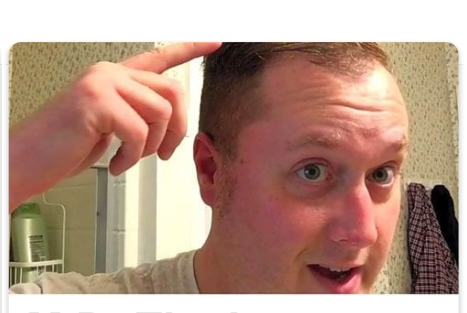
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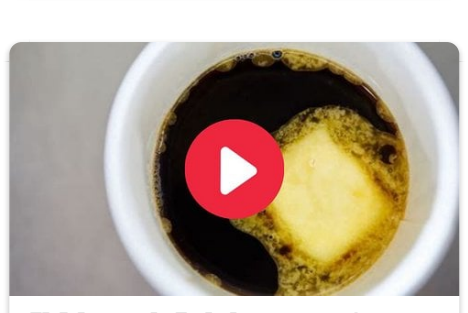
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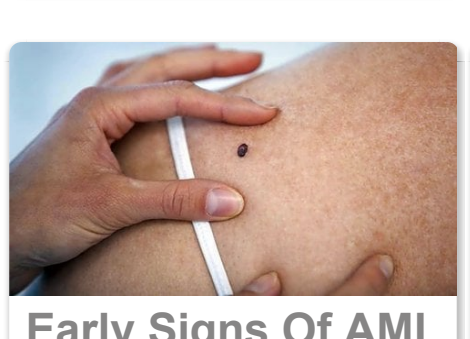
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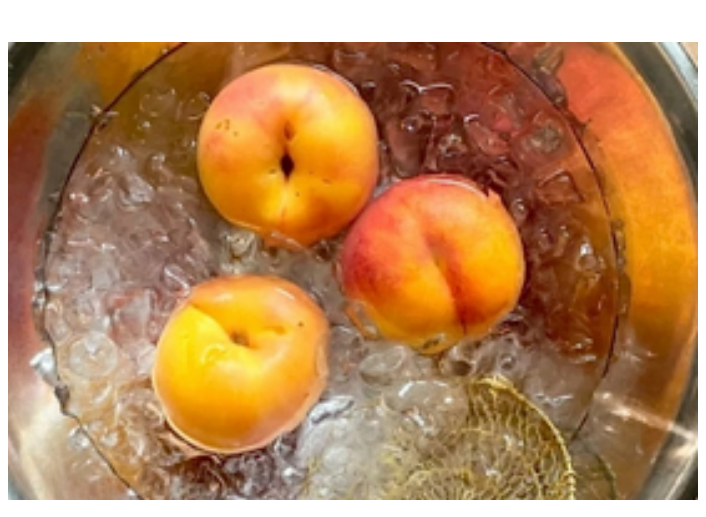
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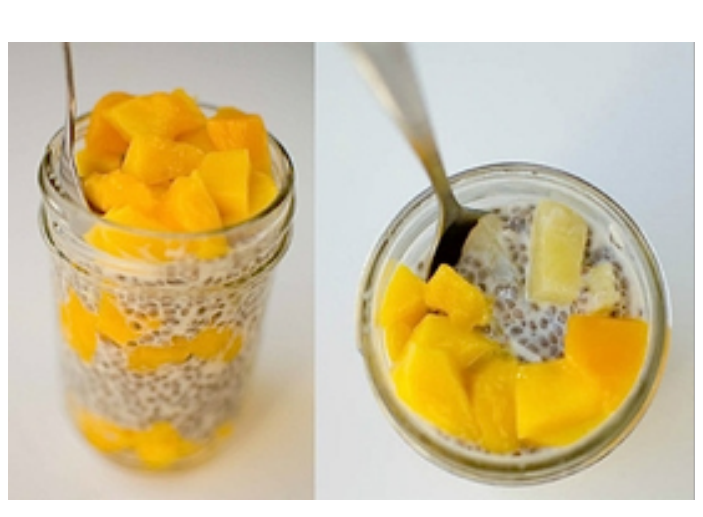
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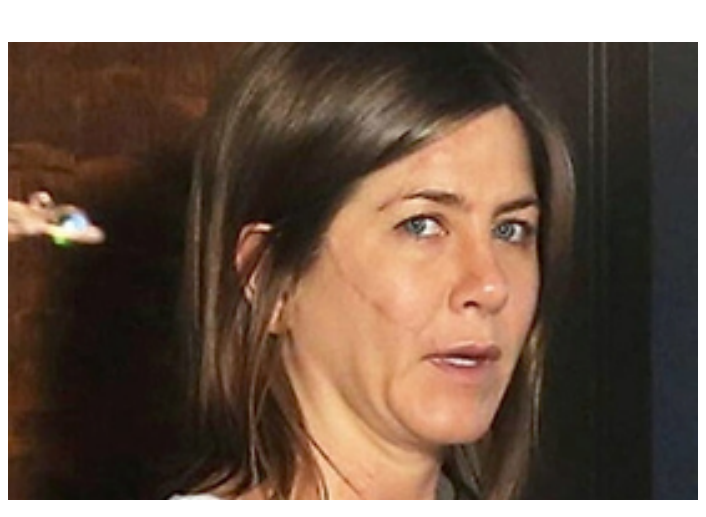
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**Old School Counselor**

Looking like this is the greatest fraud and coverup of all time.

8 | 0 Reply November 10, 2021 9:12 am

**Anonymous**

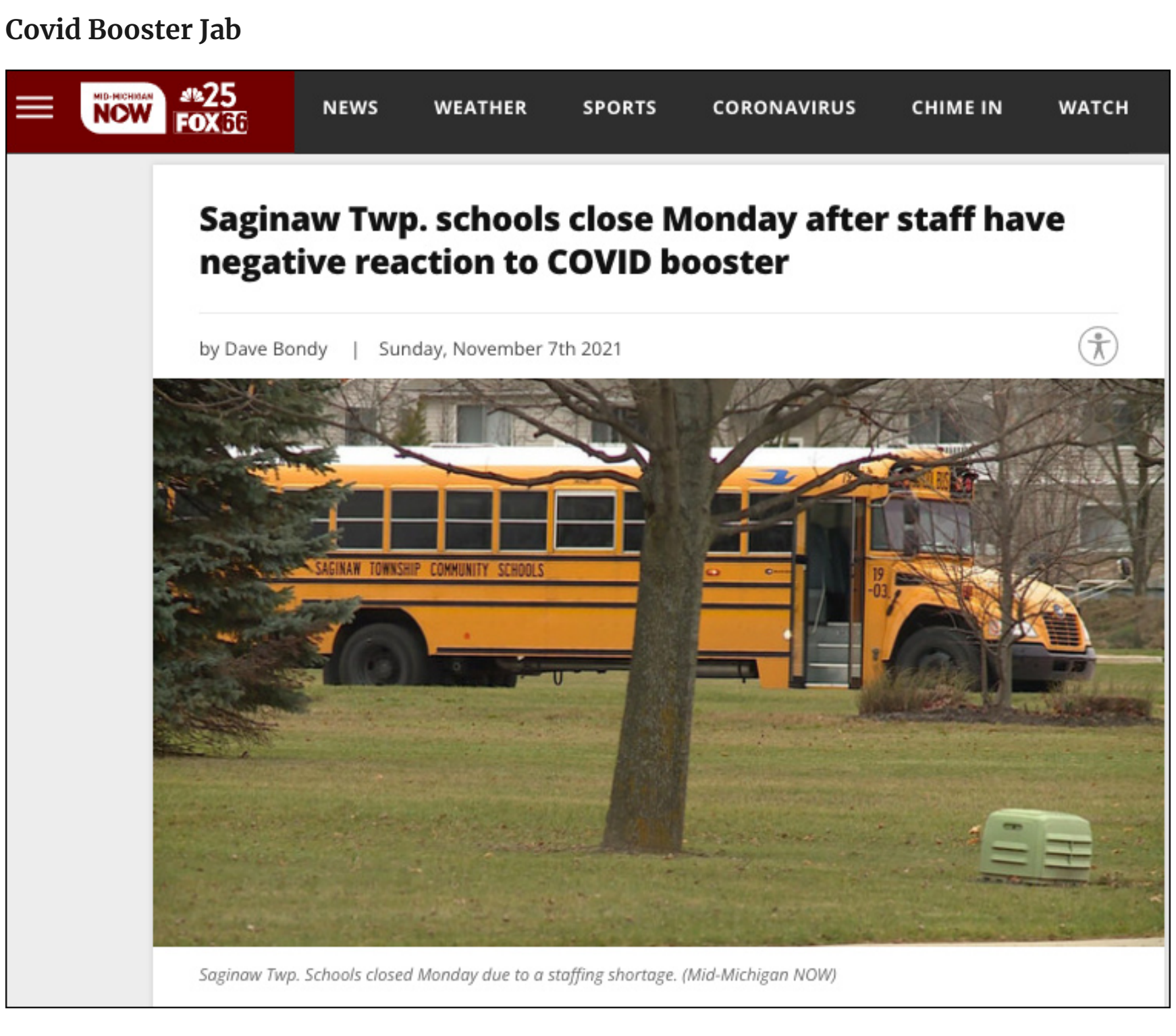
Thirteen years ago it was called Hope and Change.

2 | 0 Reply November 10, 2021 9:26 pm

**B_MC**

> *10. There are hundreds of serious adverse events that are caused by these vaccines.*

**School Shuts Down After "Large Number of Staff" Suffers Adverse Reactions from Covid Booster Jab**



**Saginaw Twp. schools close Monday after staff have negative reaction to COVID booster**

by Dave Bondy | Sunday, November 7th 2021

Saginaw Twp. Schools closed Monday due to a staffing shortage. (Mid-Michigan NOW)

https://www.infowars.com/posts/school-shuts-down-after-large-number-of-staff-suffers-adverse-reactions-from-covid-booster-jab/

4 | 0 Reply November 10, 2021 9:52 am

**pyrrhuis**

They didn't miss these side effects in the trials..They deep-sixed the reports, or Moderna would never have been approved...https://voxday.net/2021/11/09/why-they-didnt-stop-the-trials/
It was criminal behavior...,

10 | 0 Reply November 10, 2021 10:24 am

**Anonymous**

Not to worry, Rand Paul or another GOP stalwart will undoubtedly get to the bottom of this in hearings as they grill FDA, CDC, et al the way Paul grilled Fauci over funding gain-of-function research.

This (Covid & all things related) is now the most important issue this country (and the world) has faced at least since the Cold War. Fauci is a rat-faced scumbag central to the foisting of this canard upon the people of the world; but 0f all the F*&#ed up things related to Covid that have gone on for the last 2 years, Fauci's g.o.f. funding is the least of them. Which, of course, is why he gets grilled on it — to provide cover for other crimes and to lend credence to the bald faced lies that make up the Covid narrative by giving them a pass.

5 | 0 Reply November 10, 2021 12:42 pm

**very old white guy**

Until I see rope being used in a constructive manner I believe nothing coming from government or the media.

0 | 0 Reply November 11, 2021 6:28 am

**Lucy**

All TALK, NO ACTION. They are ALL in on it.

0 | 0 Reply November 11, 2021 2:34 pm

**Ken31**

The CDC director can get on twitter and tell bald faced lies. What does that tell us?

10 | 0 Reply November 10, 2021 10:24 am

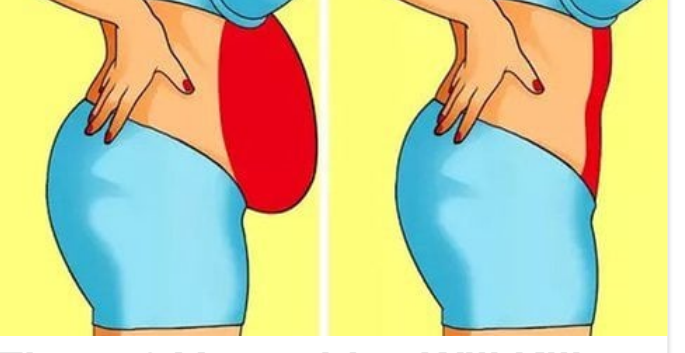
**Lucy**

I have an issue about them claiming they are saving ANY LIVES. They are KILLING people with these shots. There is NO INTENT to save any life of any human. Only to kill and maim.

0 | 0 Reply November 11, 2021 2:33 pm

PREVIOUS
WHAT IS THE METAVERSE?

NEXT
With 7.4 billion COVID shots deployed in arms, Bill Gates declares that 'we need a new way of doing the vaccines'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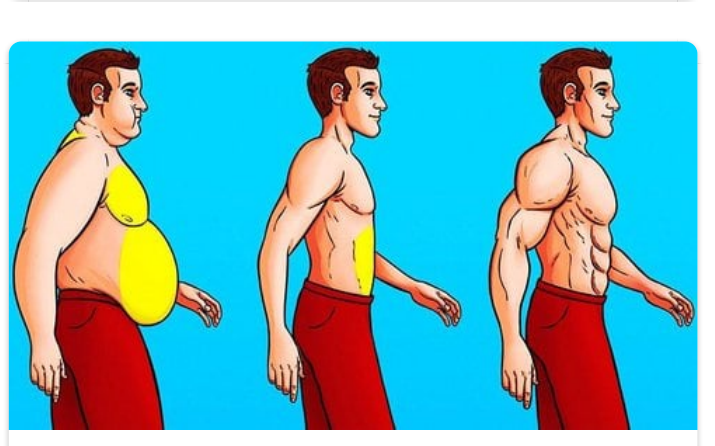
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### RANDOM QUOTE

For we know that when a nation goes down and never comes back, when a society or a civilization perishes, one condition may always be found, they forgot where they came from. They lost sight of what brought them along.

— *Carl Sandburg*
Next quote »

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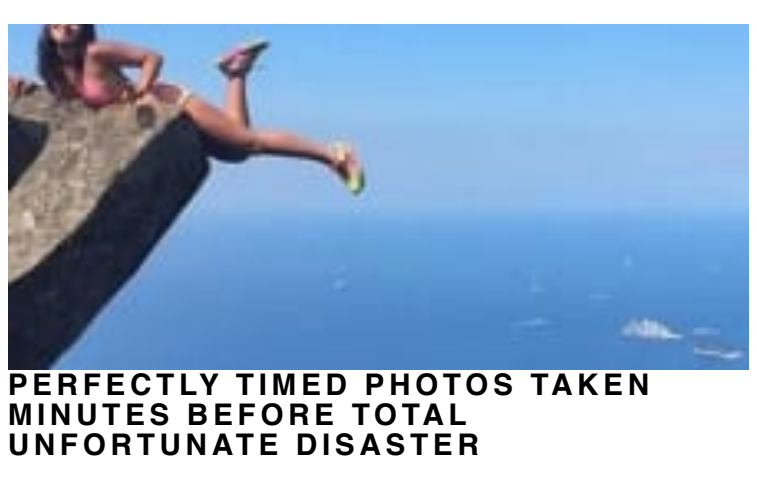
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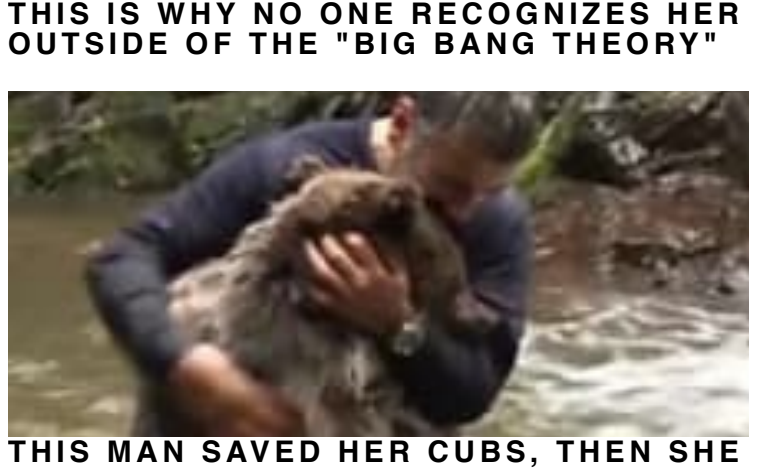
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